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**THE STEP-BY-STEP GUIDE ON MEDICARE “SET-ASIDE(S)”  
AND  
HOW TO APPEAL AND/OR DISPUTE A LIEN AMOUNT  
By: George “Boo” Hollowell**

The Centers for Medicare & Medicaid Services (CMS) has completed the restructuring of the Coordination of Benefits (COB) and Medicare Secondary Payer (MSP) recovery activities, and this website ([www.msprcinfo.com](http://www.msprcinfo.com)) is no longer accessible. Information that was previously obtained from this site is now located on CMS.gov and can be accessed via the following links:

Coordination of Benefits & Recovery Overview: <http://go.cms.gov/cobro>

Attorney Services: <http://go.cms.gov/attorney>

Beneficiary Services: <http://go.cms.gov/bene>

Insurer Services: <http://go.cms.gov/insurer>

The new entity that coordinates the Medicare recovery activities is the Benefits Coordination & Recovery Center (BCRC).

**CONTACTS:**

**Benefits Coordination & Recovery Center (BCRC)**

BCRC Customer Service Representatives are available to assist you Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays, at toll-free lines:  
1-855-798-2627 (and TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).

**Non-Group Health Plan (NGHP) Inquiries and Checks**

**NGHP**

**P. O. Box 138832**

**Oklahoma City, OK 73113**

**Self-Calculated Conditional Payment Amount Option and Fixed Percentage Option**

**Self-Calculated Conditional Payment Amount/Fixed Percentage Option**

**P. O. Box 138880**

**Oklahoma City, OK 73113**

**Fax: 1-405-869-3309**

**\*\*To increase efficiency, when sending a check or correspondence to the BCRC you may include a NGHP Correspondence Cover Sheet (See Form "A").**  
The NGHP Correspondence Cover Sheet is available in the Downloads section of the **Non-Group Health Plan Recovery** page.

**\*\*Please mail MSP General Correspondence (e.g., information relative to Coordination of Benefits) to:**

**Medicare - MSP General Correspondence  
P. O. Box 138897  
Oklahoma City, OK 73113-8897**

**Fax: 1-405-869-3307**

### **ADDITIONAL CONTACT INFORMATION:**

**Contact 1-800-MEDICARE (1-800-633-4227) to:**

- \*Obtain general Medicare information**
- \*Obtain information about Medicare Health Plan Choices**
- \*Order Medicare publications.**

**Contact the My.Medicare.gov help desk (1-877-607-9663) for:**

- \*Assistance with MyMedicare.gov**

**Contact Social Security Administration (1-800-772-1213) to:**

- \*Enroll in the Medicare program.**
- \*Replace your Medicare card.**
- \*Change your address.**
- \*Verify Medicare coverage.**

**CMS.gov     A federal government website managed by the Centers for:  
**Medicare & Medicaid Services**  
**7500 Security Boulevard**  
**Baltimore, MD 21244****

- 1.) When you agree to accept a workers' compensation, personal injury and/or Wrongful Death Client, obtain the following information in order to protect your client and yourself from future liability for Medicare payment(s) made on behalf of your client.  
***(CAVEAT: Medicare has a \$1,000.00 settlement amount threshold in order for Medicare to seek reimbursement).***
- Clients' name, last known address, and a phone number (Deceased client, if applicable).
  - Type of Claim: (Liability Insurance, No-Fault Insurance, or Workers' Compensation)
  - Clients' date of birth and gender.
  - Clients' date of death (if applicable).
  - Clients' Health Insurance Claim Number (HICN)/Medicare Number.
  - Date of injury / accident / illness.
  - A description of alleged injury/accident/illness. In addition, if you are familiar with [ICD-9 codes](#), include the ICD-9 code(s) with each injury/accident/ illness for best results.  
(ICD-9 Code site we use: [www.ICD9data.com](http://www.ICD9data.com))
  - Name and address of Workers' Compensation carrier (if applicable).
  - Name, address and phone number of Attorney.  
(\* "Client" will be the same whether for a workers' compensation claim, injury claim, and/or wrongful death claim.\*)  
***(\*\*See Form "B" - "Client Information Worksheet")***
- 2.) You ***must*** file either a Proof of Representation or Consent to Release with the BCRC.  
***If you want to represent a beneficiary, communicate with and provide information to BCRC then you must file a Proof of Representation.*** However, if you only want information such as conditional payment information but you are not representing the beneficiary, then file a Consent to Release. My suggestion is to always file the ***Proof of Representation Form (See Form "C").***  
***(CAVEAT: Must write client name and HICN at the right hand top corner of each and every page you send to BCRC or they will NOT accept).***
- 3.) The BCRC representative will inform all parties associated with your client's case that they shall receive a ***"Rights And Responsibilities" (RAR) letter (See Form "D")*** if the Proof of Representation or Consent to Release is submitted.
- 4.) If you ***do not*** receive the ***"Rights And Responsibilities" (RAR)*** letter within three (3) weeks of contacting the BCRC, call the BCRC at 1-855-798-2627. Follow the prompts until a representative is on the line. Inform the BCRC representative you have ***NOT*** received the ***"Rights And Responsibilities" (RAR)*** letter and that you have spoken with a specific BCRC representative at a certain date and time documented on your Client Information Worksheet. The representative will instruct you as to what must be done to receive this letter. If the BCRC needs additional information and/or documentation, they will first attempt to contact you by phone; however, if they are unsuccessful, they will mail you a letter.



- 5.) You should receive the **“Conditional Payment Letter” (CPL) (See Form “E”)** within sixty-five (65) days of the date on the **“Rights And Responsibilities” (RAR)** letter. The **“Conditional Payment Letter”** includes the amount BCRC claims to be related. Further, they will attach a **“Payment Summary Form(s)” (PSF) (See Form “F”)**.

**NOTE:** *A Conditional Payment Notice (CPN) is issued in lieu of a CPL when a settlement, judgment, award or other payment has already occurred. Once you receive this CPN, you must respond within thirty (30) days or you will lose all rights to reductions for fees or costs.*

- a. Prepare a **“Related/Unrelated Worksheet” (See Form “G”)** based on the “DIAGNOSIS/ ICD” codes listed on the “Payment Summary Form(s)”. After preparing your summary, you will then decide if you want to dispute the BCRC claim set out in the CPL.
- b. If you are satisfied with the amount in the CPL, fax a **“Final Settlement Detail Document” (See Form “H”)** to BCRC requesting a **“Final Demand Letter”** be generated. You should include an executed Settlement Agreement, Employment Contract, Attorney’s expense(s) Sheet, Disbursement Sheet (if applicable), and your **“Procurement Cost Worksheet” (See Form “I”)**. In the **“Final Settlement Detail Document”**, make sure you reduce the amount owed BCRC by the **“Procurement Cost”**, See Form “I”. You should receive a **“Final Demand Letter”** from BCRC usually within thirty (30) to sixty (60) days. You must send a check on or before the date set out in the Final Demand Letter or interest will be charged from the date set out in the Final Demand Letter.

**Procurement Costs** are set out in accordance with 42C.F.R. Part 411.37 as in the following EXAMPLE:

**EXAMPLE:**

Line 1	Amount of Settlement	\$135,000.00
Line 2	Medicare Payments	\$ 7,164.43
Line 3	Attorney’s Fees	\$ 54,000.00
Line 4	Expenses	\$ 13,726.96
Line 5	Line 3 plus 4	\$ 67,726.96
Line 6	Line 5 divided by line 1	50%
Line 7	Line 2 x line 6	\$ 3,582.21
Line 8	Line 2 minus line 7	\$ 3,582.22

**Line 8** - Based on this calculation, the amount of your ***related*** claim is **\$ 3,582.22**.

**This is your reduced Medicare lien amount.**

**Line 2** - Medicare Payments of \$ 7,164.43 is the final amount owed (before Procurement Costs(s) are applied).

- c. If you dispute the amount demanded in the CPL, send your “***Related/Unrelated Worksheet(s)***” along with the same documents in 5.)b. above to the address set out in the CPL. Also include all documents, medical records, depositions, and opinions that will support your position as to what is ***unrelated***. You may want to use portions of the Defendant(s) expert opinions and/or depositions to support your position, but be careful. You will receive a response within forty-five (45) days. (See Form “J”)
- d. Once you receive this response from BCRC, (See Form “K”) if you are dis-satisfied, you will then appeal in accordance with the instructions in said letter. (The Lucy May Example Form “K” is the Final Demand Letter from BCRC without the Procurement Costs reduction. Therefore, you should respond by preparing another Procurement Cost(s) Worksheet (See Form “I”) and submitting it with a check for the new amount you have calculated to the address set out in the Final Demand Letter.

### **The BCRC 5-LEVEL Administrative Appeal Process Steps:**

- LEVEL 1:** Receive Conditional Payment Letter from BCRC with Payment Summary Forms attached - (Payment Summary Forms include detailed information such as dates, organizations, ICD-9 Codes, etc.). Send BCRC a “***REQUEST FOR REDETERMINATION***” (With ***ALL supporting documents attached, i.e. medical records, related/unrelated claims worksheet, Procurement Cost Worksheet***) within one hundred-twenty (120) days. Receive notice/letter from BCRC of Redetermination Decision either reducing the beneficiaries lien according to the supporting documentation you sent in, or the BCRC’s lien amount stays the same (with their reasons as to why listed in the notice/letter )within sixty (60) days.  
(\*May want to Appeal to next level).
- LEVEL 2:** Send “***Request for Redetermination***” to party listed in BCRC’s notice and/or letter of response. (i.e., a “Qualified Independent Contractor”/QIC). Send all requested information and/or documents with your request and any other supporting documentation within one hundred and eighty (180) days. Receive notice/letter from BCRC/QIC of Redetermination Decision within sixty (60) days.  
(\*May want to Appeal to next level).
- LEVEL 3:** Send a “***Request for Hearing before an Administrative Law Judge (ALJ)***”; if you have \$140.00 in controversy, you have sixty (60) days to appeal. Include any information and/or documentation they request **and** any other supporting documentation you feel necessary to support your claim(s). You will receive a “***Notice Of ALJ Hearing***” with date, time, name of the Administrative Law Judge (ALJ) and any other pertinent information for a telephonic Hearing. You

must send a copy of ALJ Request For Hearing to all parties of the QIC's decision.

(\*This is usually a unilateral Hearing, in other words, Medicare does not participate.)

(\*Depending upon the decision made from the telephonic Hearing, the next steps may be required.)

The decision will be given within ninety (90) days.

**LEVEL 4:** Fill out and send a “*Request for Review of an Administrative Law Judge (ALJ) Medicare Decision/Dismissal*” form, including any requesting information/documentation they may ask for **and** any other supporting documentation to support your claim(s) within sixty (60) days. You should receive a written decision within ninety (90) days from the Appeals Council.

If you disagree with the Council's decision in Level four (4), you have sixty (60) days to request a judicial review by a Federal District Court.

**LEVEL 5:** The “*NOTICE OF DECISION OF MEDICARE APPEALS COUNCIL*” will set out your right to court review and the procedure to follow to file your case in the Federal District Court. (The minimum jurisdictional amount for 2013-2014 is \$1,400.00)

I have successfully filed an Appeal in the United States District Court for the Northern District of Mississippi, Greenville Division, in the case of “*Mattie Young As Administratrix Of The Estate Of Mattie Sue Delaney v. Secretary Of Health And Human Services*”, CIVIL ACTION NO: 4:11CV002-B-A in which the Court ***reversed and remanded*** the final decision of the Secretary of Health and Human Services. The Court found that both the ALJ and Medicare Appeals Council mis-stated the law and that “**Medicare bear(s) the ultimate burden of justifying the amounts it seeks in reimbursement.**” *Urso v. Thompson*, 309 F. Supp. 2d 253, (D. Conn. 2004). The court explained that

**recipients of Medicare benefits... are perhaps in a better position as an initial matter to evaluate the reimbursement claim and to assess whether a payment made by Medicare was truly for an item or service that was untimely paid by the primary plan. But even if a Medicare recipient had the initial burden of making a *prima facie* case that Medicare's reimbursement requests were overinclusive, it is the Secretary who should bear the ultimate burden of persuasion on this issue, since it is the Secretary who is seeking reimbursement. A Medicare subscriber . . . should not bear the burden of proving a negative.” *Urso*, 309 F. Supp. 2d at 260.**

## **Other Options To Pay Medicare Lien**

These options are available *before* Final Judgment or Settlement

- 1.) **THE SELF-SERVICE OPTION:** This is a means to obtain Conditional Payment Information via the telephone and without having to speak with a Customer Service Representative. To use this option, call 1-855-798-2627 and select the Self-Service option. When you use the Self-Service option you will need the Case ID, the beneficiary's Medicare number, date of birth and last name.
- 2.) **SECTION 201 OF THE SMART ACT:** Use the Portal to determine the Final Demand. First you must settle within one hundred twenty (120) days of filing and CMS will respond within sixty-five (65) days. If you dispute BCRC's amount, you can challenge it and CMS must respond within eleven (11) days or the amount you claim will be automatically accepted. If CMS does respond, it will be placed on portal and you may appeal if you are not satisfied.
- 3.) **FIXED PERCENTAGE OPTION:** If a settled case meets certain eligibility criteria, a beneficiary or his/her representative may request that Medicare's demand amount be calculated using the Fixed Percentage Option. The Fixed Percentage Option offers a simple, straightforward process to obtain the amount due Medicare. It eliminates time and resources typically associated with the MSP recovery process since you will not have to wait for Medicare to determine the conditional payment amount prior to settlement. You may elect the Fixed Percentage Option, if the following eligibility criteria are met:
  - A. Your liability insurance (including self-insurance) settlement, judgment, award or other payment is related to an alleged physical trauma- based incident and;
  - B. The total settlement is for \$5,000.00 or less.
- 4.) **THE SELF-CALCULATED CONDITIONAL PAYMENT OPTION:** This option enables you to self-calculate the final conditional payment amount before settlement in certain situations. The following conditions **must** be met for Medicare to provide the final conditional payment amount before settlement is reached:
  - A. The claim and settlement must be for an injury caused by physical trauma. The settlement cannot involve or relate to injuries caused by exposure, ingestion, or medical implant.
  - B. Your medical treatment for the injury must be completed with no further treatment expected. Treatment must have been completed at least 90 days before you submit the proposed conditional payment amount to Medicare.
  - C. These requirements are proven to Medicare by providing either: A physician's written confirmation or beneficiary certification that he/she has not had care related to the case within the last 90 days and expects no further care.

- D.** The total settlement, judgment, award, or other payment cannot exceed \$25,000.00.
- E.** The date of the incident must have occurred at least six months before submitting the self-calculated final conditional payment amount to Medicare.
- F.** You will be asked to give up the right to appeal the amount or existence of the debt. However, you will keep the right to pursue waiver of recovery.

## **The Medicare Secondary Payer Recovery Portal - (MSPRP)**

The *Medicare Secondary Payer Recovery Portal (MSPRP)* is a web-based tool designed to assist in the resolution of Liability Insurance, No-Fault Insurance, and Workers' Compensation Medicare recovery cases. The MSPRP gives you the ability to access and update certain case specific information online.

### **MSPRP Features & Benefits:**

The MSPRP provides you with the following features and related benefits:

- 1.) Submit a Proof of Representation OR Consent To Release documentation
- 2.) Request conditional payment information:
  - \* Request an updated Conditional Payment Amount
  - \* Request a copy of a current Conditional Payment Letter
- 3.) Dispute claims included in the Payment Summary Form(s) attached to the CPL:
  - \* View the claims listed on the Conditional Payment Letter's Payment Summary Form(s) and dispute unrelated claims
  - \* Upload documentation to support the claim dispute
- 4.) Submit case settlement information:
  - \* Input settlement information and upload a copy of the settlement documentation

### **How To Access The MSPRP**

Attorneys and Insurers will access the MSPRP using the MSPRP Application Link found in the Related Links section. However, registration must occur before access to the MSPRP is permitted.

### **MSPRP User Manual**

The MSPRP User Manual was written to help you understand how to use the MSPRP. The User Manual is available under the "Reference Material" menu option of the MSPRP application.

### **Assistance with MSPRP Issues**

For problems related to registration and other technical issues, please contact the Benefits Coordination & Recovery Center (BCRC) EDI Department at 1-646-458-6740.

For questions related to a case or why an MSPRP option is unavailable (i.e., grayed out), please contact the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627.



## NGHP Correspondence Cover Sheet

Beneficiary's Name \_\_\_\_\_

HIC#: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Case ID#: \_\_\_\_\_ (can be found on Rights and Responsibilities letter)

This cover sheet is for your use when mailing or faxing in correspondence to the Benefits Coordination & Recovery Center (BCRC). Please retain a COPY of this cover sheet for any future correspondence. The information above will ensure accuracy when handling your case documentation.

Please indicate the type of correspondence you are submitting to the BCRC to facilitate routing. Check all that apply:

- ☐ Check
- ☐ Settlement information
- ☐ Retainer agreement or other authorization documentation
- ☐ Other \_\_\_\_\_

**Note:** A Conditional Payment Letter is sent automatically, as soon as the information is available. Separate requests for initial Conditional Payment Amounts will not make Conditional Payment information available sooner.

In order to accurately associate claims to your case, please include a description of the injury. (i.e.: Knee, Physical Therapy, Slip and Fall, Lumbar Injury...)

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**Submit correspondence to the BCRC address listed below:**

*Liability Insurance, No-Fault Insurance, Workers' Compensation:*

**NGHP**  
PO Box 138832  
Oklahoma City, OK 73113





Client Information WORKSHEET

Client's Name and Information (If Applicable- Can be Name of Deceased Client)

CLIENT'S NAME: \_\_\_\_\_ PHONE NUMBER:(Last Known) \_\_\_\_\_

Type of Claim: Liability Insurance \_\_\_\_\_ No-Fault Insurance \_\_\_\_\_ Workers' Compensation \_\_\_\_\_

Client's Last Known Address (If Deceased, last known address of deceased) \_\_\_\_\_

(IF DECEASED - (Administrator/Administratrix) Name, Address, and Phone Number: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Client's Medicare Number: \_\_\_\_\_ Client's Social Security Number: \_\_\_\_\_

Date of Injury/Accident/Illness: \_\_\_\_\_ Description of Injury/Accident/Illness: \_\_\_\_\_

ICD-9 Codes: (www.ICD9data.com) \_\_\_\_\_

Name/Address of Workers' Compensation Carrier (if applicable): \_\_\_\_\_





## BCRC (Benefits Coordination & Recovery Center) WORKSHEET

**BCRC:** Benefits Coordination & Recovery Center  
**MSPRP:** Medicare Secondary Payer Recovery Portal  
**MSP:** Medicare Secondary Payer

**Step 1:** Call BCRC @ 1-855-798-2627

Date COBC Notified:

Representative's Name: \_\_\_\_\_; Spoke with BCRC Representative at \_\_\_\_\_ a.m. or p.m.

Date Received "Rights And Responsibilities" Letter: \_\_\_\_\_

**Step 2:** The BCRC representative will take all of the information you have collected on your "Client Information Worksheet".

**Step 3:** Send / Fax the BCRC the Proof of Representation OR Consent to Release Form.

**Step 4:** All parties should receive the "Rights and Responsibilities" Letter within three (3) weeks of contacting the BCRC in step number (#1).

**Step 5:** If you DO NOT receive the "Rights And Responsibilities" Letter within three (3) weeks, call the BCRC at 1-855-798-2627. Inform the BCRC representative that you have NOT received the "Rights and Responsibilities" Letter, the date you notified the BCRC and who you spoke to.

**Step 6:** If the BCRC needs any additional information and/or documentation, they will first attempt to contact you by phone; however, if they are unsuccessful, they will mail you a letter.

**Step 7:** You should receive the "Conditional Payment Letter" within sixty-five (65) days of the date on the "Rights And Responsibilities" Letter.

**Benefits Coordination & Recovery Center**  
BCRC  
Non-Group Health Plan (NGHP) Inquiries and Checks  
NGHP  
P. O. Box 138832  
Oklahoma City, OK 73113

**Medicare - MSP General Correspondence**  
P. O. Box 138897  
Oklahoma City, OK 73113-8897  
Fax: 1-405-869-3307

MEDICARE Worksheet:

Client NAME:

MEDICARE #:

Additional Notes:

**PROOF OF REPRESENTATION**

The language below should be used when you, the Medicare beneficiary, want to inform the Centers for Medicare & Medicaid Services (CMS) that you have given another individual the authority to represent you and act on your behalf with respect to your claim for liability insurance, no-fault insurance, or workers' compensation, including releasing identifiable health information or resolving any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment. You are not required to use this model language, but proof of representation must include the information provided in this model language. Your representative must also sign that he/she has agreed to represent you. This model language also makes provisions for the information your representative must provide.

**Type of Medicare Beneficiary Representative** (Check one below and then print the requested information):

- ( ) Individual other than an Attorney: Name: \_\_\_\_\_
- ( ) Attorney\* Relationship to the Medicare Beneficiary: \_\_\_\_\_
- ( ) Guardian\* Firm or Company Name: \_\_\_\_\_
- ( ) Conservator\* Address: \_\_\_\_\_
- ( ) Power of Attorney\* \_\_\_\_\_
- Telephone: \_\_\_\_\_

\* Note -- If you have an attorney, your attorney may be able to use his/her retainer agreement instead of this language. (If the beneficiary is incapacitated, his/her guardian, conservator, power of attorney etc. will need to submit documentation other than this model language.) Please visit <http://go.cms.gov/cobro> for further instructions.

**Medicare Beneficiary Information and Signature/Date:**

Beneficiary's Name (please print exactly as shown on your Medicare card):

Beneficiary's Health Insurance Claim Number (number on your Medicare card):

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers' compensation claim: \_\_\_\_\_

Beneficiary Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Representative Signature/Date:**

Representative's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



[Print Date]

Insert name

Insert address 1

Insert address 2

Insert city, state, zip code

SUBJECT: Medicare Secondary Payer Rights and Responsibilities Letter for:

Beneficiary Name:

Medicare Number:

Case Identification Number:

Insurer Claim Number:

Insurer Policy Number:

Date of Incident:

Dear [Addressee Name]

You are receiving this letter because we were notified that you filed a liability insurance (including self-insurance), no-fault insurance, or workers' compensation claim. This is confirmation that a Medicare Secondary Payer (MSP) recovery case has been established in our system.

**If we know that you have a lawyer or other person representing you, we have sent him or her a courtesy copy of this letter and you will see him or her listed as a "cc" at the end of this letter.**

*This letter gives you information on the following:*

1. What happens when you have Medicare and file an insurance or workers' compensation claim;
2. What information we need from you;
3. What information you can expect from us and when;
4. How and when you are able to elect a simple, fixed percentage option for repayment; and,
5. How to contact us.





### **What Happens When You Have Medicare and You file a Liability Insurance (including Self-Insurance), No-Fault Insurance, or Workers' Compensation Claim**

Applicable Medicare law says that liability insurance (including self-insurance), no-fault insurance, and workers' compensation must pay for medical items and services before Medicare pays. This law can be found at 42 U.S.C. Section 1395y(b)(2)(A) and (B).

However, Medicare makes "conditional payments" while your insurance or workers' compensation claim is being processed to make sure you get the medical services you need when you need them. If you get a(n) insurance or workers' compensation settlement, judgment, award, or other payment, Medicare is entitled to be repaid for the items and services it paid for conditionally.

If you receive a settlement, judgment, award, or other payment related to this claim and Medicare determines that it has made conditional payments that must be repaid, you will get a demand letter. The demand letter explains how Medicare calculated the amount it needs to be repaid and it also explains your appeal and waiver rights. *If you decide to appeal or request a waiver of recovery, Medicare will not take any collection action while your appeal or waiver of recovery request is being processed.*

### **What Information We Need From You**

- ***Do you have a lawyer or other person representing you?***

Medicare works to protect your privacy. We are not allowed to communicate with anyone other than you about your MSP case unless you tell us to do so. If you have a lawyer or other person representing you, please see the enclosed brochure. It explains what type of information we need from you in order to work directly with your lawyer or representative.

- ***Is the information we have on your claim correct?***

If the information at the top of this letter is incorrect or if you filed a no-fault insurance or workers' compensation claim and do not see the insurer/carrier listed as a "cc" at the end of this letter, please contact the Benefits Coordination & Recovery Center (BCRC) immediately at 1-855-798-2627 (TTY/TDD for the hearing or speech impaired: 1-855-797-2627)..

- ***Has your insurance or workers' compensation claim already been resolved?***

If you already got a settlement, judgment, award, or other payment, we need the following information:

- The date and total amount of your settlement, judgment, award, or other payment.
- A list of the attorney fees and other costs that you had to pay in order to get your settlement, judgment, award, or other payment.

If your insurance or workers' compensation claim was dismissed or otherwise closed, we need documentation of that so that we are able to close your MSP case.

## **What Information Can You Expect From Us and When**

- ***Medicare's Conditional Payment Amount***

Our system will automatically send you a Conditional Payment Letter within 65 days of the date on this letter. It includes a Payment Summary Form, which lists medical items and services Medicare has paid for that we believe are related to your claim. Keep in mind that this list is not final or complete until your insurance or workers' compensation claim is resolved.

If you would like the most up-to-date claims information, please visit [www.MyMedicare.gov](http://www.MyMedicare.gov). Once your letter is issued, you will be able to access conditional payment amount information through the MyMSP tab, as well as current claims information using the MyMedicare.gov "blue button."

## **How to Elect a Simple, Fixed Percentage Option For Repayment If You Have Experienced a Physical Trauma-Based Injury**

If you experienced a physical trauma-based injury and you get a liability insurance settlement, judgment, award, or other payment of \$5,000 or less, Medicare offers the option to pay 25% of your gross settlement, judgment, award, or other payment, instead of the amount that Medicare would otherwise calculate.

**If you wish to choose this option, you must formally elect it at the same time that you send us information on your settlement, judgment, award, or other payment.** Please visit the Beneficiary or Attorney Toolkit sections of the BCRC website (<http://go.cms.gov/cobro>) for all of the additional details. You will find model language that can be used to elect this option, as well as a special mailing address to ensure efficient processing.

## **How You Can Contact Us**

Please mail any documents to: [BCRC Fixed Percentage Option, P.O. Box 138880, Oklahoma City, OK 73113 or fax documents to: [BCRC 405-869-3309.

For more information, please visit <http://go.cms.gov/cobro> or call 1-855-798-2627 (TTY/TDD for the hearing or speech impaired: 1-855-797-2627).

Sincerely,  
BCRC

Enclosure:  
BCRC Brochure

CC:





Learn about your letter at [www.msprc.info](http://www.msprc.info)

~~PLEASE REFRAIN FROM MAKING PAYMENT AT THIS TIME~~

08/25/2010

\*\*\*SINGLP

GEORGE HOLLOWELL

PO BOX 1407

GREENVILLE MS 38702-1407



RE: Name of Beneficiary:  
HIC#:  
Date of Injury/Illness/Incident:

Dear

Please note that, if we know that you have an attorney or other individual representing you in this matter, we are sending him/her a copy of this letter. If you have an attorney or other representative for this matter and his/her name is not shown as a "cc" at the end of this letter (indicating that he/she is receiving a copy), please contact us immediately. If you have any questions regarding this letter and are represented by an attorney or other person in this matter, you may wish to talk to your representative before contacting us.

This letter follows a previous letter notifying you/your attorney of Medicare's priority right of recovery as defined under the Medicare Secondary Payer provisions. Because you were involved in an automobile, slip and fall, medical malpractice, or some other type of liability claim, the medical expenses are subject to reimbursement to Medicare from proceeds received pursuant to a third party liability settlement, award, judgment, or recovery.



However, we request that you/your attorney refrain from sending any monies to Medicare prior to submission of settlement information and receipt of a demand/recovery calculation letter from our office. This will eliminate underpayments, overpayments, and/or associated delays.

Currently, Medicare has paid \$38,850.99 in conditional payments related to your claim. Attached you/your attorney will find a listing of claims that comprise this total. Please take a look at this listing and let us know if you/your attorney disagree with the inclusion of any claim in whole or in part and explain the reasons why you/your attorney disagree(s).

Please be advised that we are still investigating this case file to obtain any other outstanding Medicare conditional payments. Therefore, the enclosed listing of current conditional payments (including a response of a zero amount) is not a final listing and will need to be updated once we receive final settlement information from you. It would be in your best interest to keep Medicare's payments and the statutory obligation to satisfy Medicare in mind when the final dollar amount is negotiated and accepted in resolution of the claim with the third party.

If the case has settled, please furnish our office with a copy of:

- 1) The settlement agreement from the third party payer showing the total amount of the settlement, signed and dated, AND
- 2) Your closing statement reflecting the actual amount of the attorney's fees and costs (excluding medical bills).

Thank you for your assistance and cooperation in this matter. If you have any questions regarding this matter, please contact us at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired).

Sincerely,

Medicare Secondary Payer Recovery Contractor  
PO BOX 33828  
DETROIT MI 48232-5828

Enclosures: Payment Summary Form  
cc: GEORGE HOLLOWELL



# Payment Summary Form

00020

REPORT NUMBER:  
CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

DATE: 08/25/2010

BENEFICIARY NAME:  
BENEFICIARY HICN:

CASE ID:  
CASE TYPE: LIABILITY  
DATE OF INCIDENT:



TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
60	20628403336402 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	5130, 2859, 34 590, 4019, 482	09/14/2006	10/06/2006	\$97,973.97	\$10,145.80	\$10,145.80
40	20724202598802 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	70700, V726	05/01/2007	05/01/2007	\$554.24	\$33.88	\$33.88
40	20721804411702 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	70700, V726	07/05/2007	07/05/2007	\$886.82	\$55.73	\$55.73
60	20736004689202 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	27651, V103, 2 948, 4019, 414	12/11/2007	12/18/2007	\$17,708.41	\$5,923.68	\$5,923.68
40	20825400615702	0	230	GREENBOUGH NURS	71844, 71699	08/15/2008	08/29/2008	\$2,041.98	\$816.76	\$816.76
40	20828101591002	0	230	GREENBOUGH NURS	71844, 71699	09/01/2008	09/26/2008	\$3,113.70	\$1,245.49	\$1,245.49
60	20835803336602 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	4660, V103, 29 48, 34590, 401	12/17/2008	12/18/2008	\$7,194.55	\$3,193.92	\$3,193.92
60	20934102141502NT A 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	72981, 25000, 9 2724, 27651, 3 4590	11/26/2009	11/27/2009	\$10,643.78	\$3,333.27	\$3,333.27
60	21011702081602NT A 02	0	52280	NW MISSISSIPPI REGIONAL MED CE	5070, V103, 27 24, 2948, 4019	04/14/2010	04/21/2010	\$47,182.38	\$6,266.86	\$6,266.86
71	500206039063170	1	512	WARRINGTON, JAM	78650	01/20/2006	01/20/2006	\$85.00	\$60.14	\$60.14
71	500206047180020	1	512	WARRINGTON, JAM	71940	02/15/2006	02/15/2006	\$85.00	\$60.14	\$60.14

# Payment Summary Form

00021

REPORT NUMBER:

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:  
BENEFICIARY HICN:

CASE ID:  
CASE TYPE: LIABILITY  
DATE OF INCIDENT:

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500206079083870	1	512	ES E WARRINGTON, JAM	71940	03/17/2006	03/17/2006	\$85.00	\$60.14	\$60.14
71	500206110160550	1	512	ES E WARRINGTON, JAM	71940	04/19/2006	04/19/2006	\$85.00	\$60.14	\$60.14
71	500206145165960	1	512	ES E WARRINGTON, JAM	71940	05/24/2006	05/24/2006	\$85.00	\$60.14	\$60.14
71	500206165176050	1	512	ES E WARRINGTON, JAM	71940	06/13/2006	06/13/2006	\$85.00	\$60.14	\$60.14
71	500206201157920	1	512	ES E WARRINGTON, JAM	71940	07/19/2006	07/19/2006	\$85.00	\$60.14	\$60.14
71	500206242251840	1	512	ES E WHITMORE, RMICH	7295, 44020	08/11/2006	08/11/2006	\$96.00	\$25.71	\$25.71
71	500206236179480	1	512	ES E WARRINGTON, JAM	71940	08/23/2006	08/23/2006	\$85.00	\$60.14	\$60.14
71	500206290220360	1	512	ES E OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$163.42	\$119.70	\$119.70
71	500206290220360	2	512	OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$82.35	\$60.32	\$60.32
71	500206290220360	3	512	OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$57.93	\$42.42	\$42.42
71	500206290220360	4	512	OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$164.70	\$120.64	\$120.64
71	500206290220360	5	512	OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$57.93	\$42.42	\$42.42
71	500206290220360	6	512	OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$164.70	\$120.64	\$120.64
71	500206290220360	7	512	OZUA, EDWIN I	7806, 2859, 48	09/15/2006	09/30/2006	\$289.65	\$212.12	\$212.12



# Payment Summary Form

00022

REPORT NUMBER:

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:

CASE ID:

BENEFICIARY HICN:

CASE TYPE: LIABILITY

DATE OF INCIDENT:

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500206268399520	1	512	WEINER, ROGER D	6, 5939	09/18/2006	09/18/2006	\$172.00	\$37.46	\$37.46
71	500206268399520	2	512	WEINER, ROGER D	7852	09/18/2006	09/18/2006	\$99.00	\$15.55	\$15.55
71	500206268399520	3	512	WEINER, ROGER D	7852	09/18/2006	09/18/2006	\$34.00	\$3.10	\$3.10
71	500206278255140	1	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$202.93	\$0.00	\$0.00
71	500206278255140	2	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$35.37	\$25.91	\$25.91
71	500206278255140	3	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$144.49	\$0.00	\$0.00
71	500206278255140	4	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$346.77	\$116.87	\$116.87
71	500206278255140	5	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$324.22	\$1.69	\$1.69
71	500206278255140	6	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$57.93	\$42.42	\$42.42
71	500206278255140	7	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$70.74	\$51.82	\$51.82
71	500206278255140	8	512	MUNIR, AMAN U	5183, 485	09/21/2006	09/27/2006	\$57.93	\$42.42	\$42.42
71	500206285152040	1	512	WASEF, MAHA	5130, 4019, 48	09/22/2006	09/22/2006	\$667.33	\$63.10	\$63.10
71	500206285152080	1	512	MALICK, SUSAN D	21, 70705	09/22/2006	09/22/2006	\$513.80	\$63.10	\$63.10
71	500206290026970	1	512	BURKE, PAT S	21, 70705	09/22/2006	09/22/2006	\$42.00	\$6.90	\$6.90
71	500206331594330	1	512	OZUA, EDWIN I	4019, 5130	10/01/2006	10/06/2006	\$115.86	\$84.85	\$84.85
71	500206331594330	2	512	OZUA, EDWIN I	7806, 2859, 48	10/01/2006	10/06/2006	\$106.11	\$77.74	\$77.74
71	500206331594330	3	512	OZUA, EDWIN I	6, 5939	10/01/2006	10/06/2006	\$73.23	\$53.64	\$53.64
71	500206283229980	1	512	MUNIR, AMAN U	485, 486	10/04/2006	10/04/2006	\$35.37	\$25.91	\$25.91
71	500206283229980	1	512	MED EXPRESS OF	4380, V4989, 7	10/06/2006	10/06/2006	\$395.00	\$134.96	\$134.96
71	500206283229980	2	512	MED EXPRESS OF	1845, 78002	10/06/2006	10/06/2006	\$190.00	\$139.38	\$139.38
71	500206283229980	2	512	MISSISSPPI	4380, V4989, 7	10/06/2006	10/06/2006	\$190.00	\$139.38	\$139.38
71	500206283229980	2	512	MISSISSPPI	1845, 78002	10/06/2006	10/06/2006	\$190.00	\$139.38	\$139.38

# Payment Summary Form

00023

REPORT NUMBER: 1

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:  
BENEFICIARY HICN:

CASE ID:  
CASE TYPE: LIABILITY  
DATE OF INCIDENT: 01/01/2006

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500206290172540	1	512	WARRINGTON, JAM	41400,71940	10/16/2006	10/16/2006	\$85.00	\$60.14	\$60.14
71	500206305166830	1	512	ES E	27651,5990	10/23/2006	10/23/2006	\$347.55	\$116.12	\$116.12
71	500206349128030	1	512	WADE, TARENCE BERRYHILL JR, G	V7281,0389,5	10/23/2006	10/23/2006	\$42.00	\$6.90	\$6.90
71	500206349309050	1	512	US D	990					
71	500206349309050	2	512	SMITH, ANDREA L	27651,5990	10/24/2006	11/17/2006	\$199.00	\$119.70	\$119.70
71	500206349309050	3	512	SMITH, ANDREA L	27651,5990	10/24/2006	11/17/2006	\$413.00	\$181.38	\$181.38
71	500206349309050	4	512	SMITH, ANDREA L	27651,5990	10/24/2006	11/17/2006	\$177.00	\$77.74	\$77.74
71	500206349309050	5	512	SMITH, ANDREA L	27651,5990	10/24/2006	11/17/2006	\$118.00	\$51.82	\$51.82
71	500206349309050	6	512	SMITH, ANDREA L	27651,5990	10/24/2006	11/17/2006	\$649.00	\$285.03	\$285.03
71	500206349309050	1	512	SMITH, ANDREA L	27651,0389,5	10/24/2006	10/24/2006	\$100.00	\$53.64	\$53.64
71	500206332170760	1	512	SMITH, ANDREA L	990,70707			\$94.00	\$7.15	\$7.15
71	500206332170770	1	512	SMITH, ANDREA L	27651,0389,2	10/25/2006	10/25/2006	\$94.00	\$7.15	\$7.15
71	500207159057220	1	512	SMITH, ANDREA L	639,5990			\$89.00	\$3.10	\$3.10
71	500207159057220	2	512	SMITH, ANDREA L	41400,0389,5	11/14/2006	11/14/2006	\$128.00	\$15.55	\$15.55
71	500207159057220	3	512	SMITH, ANDREA L	990			\$224.00	\$37.46	\$37.46
71	500206324053100	1	512	MED EXPRESS OF	71845,V4989,5	11/14/2006	11/14/2006	\$395.00	\$134.96	\$134.96
71	500206324053100	2	512	MISSISSIPPI	43821,70700	11/17/2006	11/17/2006	\$19.00	\$14.67	\$14.67
71	500206324053100	1	740	MED EXPRESS OF	71845,V4989,5	11/17/2006	11/17/2006	\$43.05	\$12.03	\$12.03
71	741107039130830	2	740	MISSISSIPPI	43821,70700	01/22/2007	01/22/2007	\$138.00	\$28.89	\$28.89
71	741107039130830	1	740	LABORATORY CORP	7079					
71	741107039130830	2	740	LABORATORY CORP	7079					
71	741107039130830	2	740	LABORATORY CORP	7079	01/22/2007	01/22/2007	\$138.00	\$28.89	\$28.89



# Payment Summary Form

00024

REPORT NUMBER:

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:

CASE ID:

BENEFICIARY HICN:

CASE TYPE: LIABILITY

DATE OF INCIDENT: 01/01/2006

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	741107039130830	3	740	ORATION OF AM LABORATORY CORP	7079	01/22/2007	01/22/2007	\$34.95	\$9.77	\$9.77
71	500207120080230	1	512	MED EXPRESS OF MISSISSPPI	53640,71845, 78009	04/27/2007	04/27/2007	\$395.00	\$221.16	\$221.16
71	500207120080230	2	512	MED EXPRESS OF MISSISSPPI	53640,71845, 78009	04/27/2007	04/27/2007	\$19.00	\$15.01	\$15.01
71	500207121053440	1	512	MED EXPRESS OF MISSISSPPI	4380,43821,7 1843,71845	04/27/2007	04/27/2007	\$395.00	\$138.22	\$138.22
71	500207121053440	2	512	MED EXPRESS OF MISSISSPPI	4380,43821,7 1843,71845	04/27/2007	04/27/2007	\$9.50	\$7.50	\$7.50
71	500207298144260	1	512	PROFESSIONAL CL INICAL LAB	2724,4019,70 79,78099	10/22/2007	10/22/2007	\$50.00	\$11.89	\$11.89
71	500207298144260	2	512	PROFESSIONAL CL INICAL LAB	2724,4019,70 79,78099	10/22/2007	10/22/2007	\$60.25	\$14.32	\$14.32
71	500207298144260	3	512	PROFESSIONAL CL INICAL LAB	78099,2724,4 019,7079	10/22/2007	10/22/2007	\$30.00	\$10.86	\$10.86
71	500207298144260	4	512	PROFESSIONAL CL INICAL LAB	78099,2724,4 019,7079	10/22/2007	10/22/2007	\$60.00	\$22.73	\$22.73
71	500207298144260	5	512	PROFESSIONAL CL INICAL LAB	78099,2724,4 019,7079	10/22/2007	10/22/2007	\$16.50	\$3.00	\$3.00
71	500207298144260	6	512	PROFESSIONAL CL INICAL LAB	78099,2724,4 019,7079	10/22/2007	10/22/2007	\$39.00	\$36.66	\$36.66
71	500208128185400	1	512	WILLIAMS, JASON R	27651,2948,5 3081,70706	12/11/2007	12/11/2007	\$38.00	\$6.60	\$6.60
71	500208128185400	2	512	WILLIAMS, JASON R	2948,27651,5 3081,70706	12/11/2007	12/11/2007	\$215.00	\$30.79	\$30.79
71	50020824911450	1	512	SMITH, ANDREA L	27651,7806	12/11/2007	12/18/2007	\$199.00	\$132.66	\$132.66

# Payment Summary Form

00025

REPORT NUMBER:

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:

CASE ID:

BENEFICIARY HICN:

CASE TYPE: LIABILITY

DATE OF INCIDENT: 01/01/2006

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500208249111450	2	512	SMITH, ANDREA L	27651, 7806	12/11/2007	12/18/2007	\$375.00	\$243.52	\$243.52
71	500208249111450	3	512	SMITH, ANDREA L	27651, 7806	12/11/2007	12/18/2007	\$59.00	\$27.13	\$27.13
71	500208249111450	4	512	SMITH, ANDREA L	27651, 7806	12/11/2007	12/18/2007	\$100.00	\$49.46	\$49.46
71	500207362212860	1	512	MAJOR JR, JAMES W	70713	12/17/2007	12/17/2007	\$243.00	\$82.58	\$82.58
71	500207355133020	1	512	MED EXPRESS OF MISSISSPI	70703, 2903, 3	12/18/2007	12/18/2007	\$395.00	\$138.22	\$138.22
71	500207355133020	2	512	MED EXPRESS OF MISSISSPI	3521, 71845	12/18/2007	12/18/2007	\$35.55	\$22.51	\$22.51
71	500208074021060	1	512	PAFFORD MEDICAL SERVICES	78079, 7806	03/02/2008	03/02/2008	\$740.00	\$270.99	\$270.99
71	500208074021060	2	512	PAFFORD MEDICAL SERVICES	78079, 7806	03/02/2008	03/02/2008	\$66.00	\$46.22	\$46.22
71	500208119123500	1	512	KELLOUGH, KENNE TH W	27651	03/02/2008	03/02/2008	\$173.25	\$45.26	\$45.26
71	500208128203970	1	512	WILLIAMS, JASON R	27651, 53081, 70709, 7806	03/02/2008	03/02/2008	\$38.00	\$6.66	\$6.66
71	500208128203990	1	512	WILLIAMS, JASON R	53081, 27651, 70709, 7806	03/03/2008	03/03/2008	\$148.00	\$9.86	\$9.86
71	500208128204000	1	512	WILLIAMS, JASON R	27651, 78605	03/03/2008	03/03/2008	\$38.00	\$6.66	\$6.66
71	500208259373560	1	512	SMITH, ANDREA L	27651, V1259, 1749, 4019, 59	03/03/2008	03/07/2008	\$254.00	\$131.58	\$131.58
71	500208259373560	2	512	SMITH, ANDREA L	27651, V1259, 1749, 4019, 59	03/03/2008	03/07/2008	\$59.00	\$27.05	\$27.05
71	500208259373560	3	512	SMITH, ANDREA L	27651, V1259, 90	03/03/2008	03/07/2008	\$59.00	\$27.05	\$27.05



# Payment Summary Form

00026

REPORT NUMBER:

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:

CASE ID:

BENEFICIARY HICN:

CASE TYPE: LIABILITY  
DATE OF INCIDENT:

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500208259373560	4	512	SMITH, ANDREA L	1749, 4019, 59 90 27651, V1259, 1749, 4019, 59	03/03/2008	03/07/2008	\$59.00	\$27.05	\$27.05
71	500208259373560	5	512	SMITH, ANDREA L	27651, V1259, 1749, 4019, 59 90	03/03/2008	03/07/2008	\$143.00	\$70.57	\$70.57
71	500208128203980	1	512	WILLIAMS, JASON R	53081, 27651, 7806, 78097	03/06/2008	03/06/2008	\$148.00	\$9.86	\$9.86
71	500208128203980	2	512	WILLIAMS, JASON R	78097, 27651, 53081, 7806	03/06/2008	03/06/2008	\$215.00	\$31.26	\$31.26
71	500208074021530	1	512	PAFFORD MEDICAL SERVICES	70709	03/07/2008	03/07/2008	\$625.00	\$142.63	\$142.63
71	500208074021530	2	512	PAFFORD MEDICAL SERVICES	70709	03/07/2008	03/07/2008	\$66.00	\$46.22	\$46.22
71	500208105132390	1	512	PAFFORD MEDICAL SERVICES	78009, 78079, 7808	03/26/2008	03/26/2008	\$740.00	\$270.99	\$270.99
71	500208105132390	2	512	PAFFORD MEDICAL SERVICES	78009, 78079, 7808	03/26/2008	03/26/2008	\$22.00	\$15.41	\$15.41
71	500208128204010	1	512	WILLIAMS, JASON R	27651, 2948, 3 4590, 4270	03/26/2008	03/26/2008	\$38.00	\$6.66	\$6.66
71	500208128204010	2	512	WILLIAMS, JASON R	2948, 27651, 3 4590, 4270	03/26/2008	03/26/2008	\$215.00	\$31.26	\$31.26
71	500208259373550	1	512	SMITH, ANDREA L	27651, V103, 2 724, 4019, 599	03/27/2008	03/31/2008	\$254.00	\$131.58	\$131.58
71	500208259373550	2	512	SMITH, ANDREA L	27651, V103, 2	03/27/2008	03/31/2008	\$59.00	\$27.05	\$27.05

# Payment Summary Form

00027

REPORT NUMBER:  
CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

DATE: 08/25/2010

BENEFICIARY NAME:  
BENEFICIARY HICN:

CASE ID:  
CASE TYPE: LIABILITY  
DATE OF INCIDENT:

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500209348051760	2	512	SERVICES PAFFORD MEDICAL	72981,7295	11/26/2009	11/26/2009	\$24.00	\$16.66	\$16.66
71	500209350160300	1	512	HUGHES, TOMMY	27651	11/26/2009	11/26/2009	\$364.93	\$132.01	\$132.01
71	500209355359580	1	512	SMITH, ANDREA L	72981,27651, 34590,4019,7 850	11/26/2009	11/27/2009	\$225.00	\$111.96	\$111.96
71	500209355359580	2	512	SMITH, ANDREA L	72981,27651, 34590,4019,7 850	11/26/2009	11/27/2009	\$118.00	\$50.90	\$50.90
71	500209355052600	1	512	PAFFORD MEDICAL SERVICES	70706,78009	11/27/2009	11/27/2009	\$625.00	\$155.10	\$155.10
71	500209355052600	2	512	PAFFORD MEDICAL SERVICES	70706,78009	11/27/2009	11/27/2009	\$24.00	\$16.66	\$16.66
71	500210084308500	1	512	ADELEYE, JAIVED	70706	03/11/2010	03/11/2010	\$69.30	\$28.04	\$28.04
71	500210117067130	1	512	LA O KELLOUGH, KENNE TH W	27651,5070,7 8060	04/13/2010	04/13/2010	\$364.93	\$128.08	\$128.08
71	500210130271310	1	512	SMITH, ANDREA L	78701,2900,4 019,486,5308	04/14/2010	04/21/2010	\$254.00	\$141.11	\$141.11
71	500210130271310	2	512	SMITH, ANDREA L	78701,2900,4 019,486,5308	04/14/2010	04/21/2010	\$59.00	\$28.38	\$28.38
71	500210130271310	3	512	SMITH, ANDREA L	78701,2900,4 019,486,5308	04/14/2010	04/21/2010	\$59.00	\$28.38	\$28.38
71	500210130271310	4	512	SMITH, ANDREA L	78701,2900,4	04/14/2010	04/21/2010	\$59.00	\$28.38	\$28.38



# Payment Summary Form

00028

REPORT NUMBER:

DATE: 08/25/2010

CONTRACTOR: MEDICARE SECONDARY PAYER RECOVERY CONTRACTOR

BENEFICIARY NAME:  
BENEFICIARY HICN:

CASE ID:  
CASE TYPE: LIABILITY  
DATE OF INCIDENT:

TOS	ICN	LINE	PROCESSING CONTRACTOR	PROVIDER NAME	DIAGNOSIS/ICD	FROM DATE	TO DATE	TOTAL CHARGES	REIMBURSED AMOUNT	CONDITIONAL PAYMENT
71	500210130271310	5	512	SMITH, ANDREA L	019, 486, 5308 1 78701, 2900, 4 019, 486, 5308	04/14/2010	04/21/2010	\$59.00	\$28.38	\$28.38
71	500210130271310	6	512	SMITH, ANDREA L	1 78701, 2900, 4 019, 486, 5308	04/14/2010	04/21/2010	\$59.00	\$28.38	\$28.38
71	500210130271310	7	512	SMITH, ANDREA L	1 78701, 2900, 4 019, 486, 5308	04/14/2010	04/21/2010	\$59.00	\$28.38	\$28.38
71	500210130271310	8	512	SMITH, ANDREA L	1 78701, 2900, 4 019, 486, 5308	04/14/2010	04/21/2010	\$105.00	\$50.14	\$50.14
71	500210148052340	1	512	PAFFORD MEDICAL SERVICES	2948, V4984, 7 0709	04/21/2010	04/21/2010	\$625.00	\$150.58	\$150.58
71	500210148052340	2	512	PAFFORD MEDICAL SERVICES	2948, V4984, 7 0709	04/21/2010	04/21/2010	\$24.00	\$16.18	\$16.18

SUM OF TOTAL CHARGES: \$208,053.85  
TOTAL CONDITIONAL PAYMENT: \$38,850.99

# Lucy May CPL Related/Unrelated Work Sheet

<u>PROVIDER</u>	<u>CODES</u>	<u>RELATED</u>	<u>UNRELATED</u>	<u>DATE</u>	<u>AMOUNT</u>
NW MS Reg Med Ctr	513.00 Abscess of Lung		\$2,029.16	9/14/2006	\$10,145.80
NW MS Reg Med Ctr	285.90 Anemia Unsp		\$2,029.16	9/14/2006	
NW MS Reg Med Ctr	345.90 Epilepsy Unsp		\$2,029.16	9/14/2006	
NW MS Reg Med Ctr	401.90 HTN Unsp		\$2,029.16	9/14/2006	
NW MS Reg Med Ctr	482.10 Pseudo Pneumonia	\$2,029.16		9/14/2006	
NW MS Reg Med Ctr	707.00 Decub Ulcer	\$16.94		5/1/2007	\$33.88
NW MS Reg Med Ctr	V72.6 Lab Examination		\$16.94	5/1/2007	
NW MS Reg Med Ctr	V72.6 Lab Examination		\$27.86	7/5/2007	\$55.73
NW MS Reg Med Ctr	707.00 Decub Ulcer	\$27.86		7/5/2007	
NW MS Reg Med Ctr	276.51 Dehydration	\$1,184.73		12/11/2007	\$5,923.68
NW MS Reg Med Ctr	V10.3 Pers Hx Malig Neo Breast		\$1,184.73	12/11/2007	
NW MS Reg Med Ctr	294.80 Mental D/O Nos		\$1,184.73	12/11/2007	
NW MS Reg Med Ctr	401.90 HTN Unsp		\$1,184.73	12/11/2007	
NW MS Reg Med Ctr	414.00 Coron Atherosclerosis		\$1,184.73	12/11/2007	
GreenBough Nsg Home	718.44 Contx Hand Joint		\$408.38	8/15/2008	\$816.76
GreenBough Nsg Home	716.99 Arthropathy To Multi Sites		\$408.38	8/15/2008	
Greenbough Nsg Home	718.44 Contx Hand Joint		\$622.74	9/1/2008	\$1,245.49
Greenbough Nsg Home	716.99 Arthropathy to Multi Sites		\$622.74	9/1/2008	
NW MS Reg Med Ctr	466.00 Acute Bronchitis		\$638.78	12/17/2008	\$3,193.92
NW MS Reg Med Ctr	V10.3 Pers Hx Malig Neo Breast		\$638.78	12/17/2008	
NW MS Reg Med Ctr	294.80 Mental D/O Nos		\$638.78	12/17/2008	
NW MS Reg Med Ctr	345.90 Epilepsy Unsp		\$638.78	12/17/2008	
NW MS Reg Med Ctr	401.90 HTN Unsp		\$638.78	12/17/2008	
NW MS Reg Med Ctr	729.81 Swelling of Limb		\$666.65	11/26/2009	\$3,333.27
NW MS Reg Med Ctr	250.00 DM Type II		\$666.65	11/26/2009	
NW MS Reg Med Ctr	272.40 Hyperlipidemia Nos		\$666.65	11/26/2009	
NW MS Reg Med Ctr	276.51 Dehydration	\$666.65		11/26/2009	
NW MS Reg Med Ctr	345.90 Epilepsy Unsp		\$666.65	11/26/2009	
NW MS Reg Med Ctr	507.00 Pneu D/T Inh food/Vomit		\$1,253.37	4/14/2010	\$6,266.86
NW MS Reg Med Ctr	V10.3 Pers Hx Malig Neo Breast		\$1,253.37	4/14/2010	
NW MS Reg Med Ctr	272.40 Hyperlipidemia Nos		\$1,253.37	4/14/2010	
NW MS Reg Med Ctr	294.80 Mental D/O Nos		\$1,253.37	4/14/2010	
NW MS Reg Med Ctr	401.90 HTN Nos		\$1,253.37	4/14/2010	
James E Warrington	786.50 Chest Pain Unsp		\$60.14	1/20/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$60.14	2/15/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$60.14	3/17/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$60.14	4/19/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$60.14	5/24/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$60.14	6/13/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$60.14	7/19/2006	\$60.14
Michael R Whitmore	729.50 Pain in Limb		\$12.85	8/11/2006	\$25.71
Michael R Whitmore	440.20 Atherosclerosis of Extremity		\$12.85	8/11/2006	





James E Warrington	719.40 Pain in Joint Unsp		\$60.14	8/23/2006	\$60.14
Edwin I Ozua	780.60 Fever		\$29.92	9/15/2006	\$119.70
Edwin I Ozua	285.90 Anemia Unsp		\$29.92	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$29.92		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$29.92		9/15/2006	
Edwin I Ozua	780.60 Fever		\$15.08	9/15/2006	\$60.32
Edwin I Ozua	285.90 Anemia Unsp		\$15.08	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$15.08		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$15.08		9/15/2006	
Edwin I Ozua	780.60 Fever		\$10.60	9/15/2006	\$42.42
Edwin I Ozua	285.90 Anemia Unsp		\$10.60	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$10.60		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$10.60		9/15/2006	
Edwin I Ozua	780.60 Fever		\$30.16	9/15/2006	\$120.64
Edwin I Ozua	285.90 Anemia Unsp		\$30.16	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$30.16		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$30.16		9/15/2006	
Edwin I Ozua	780.60 Fever		\$10.60	9/15/2006	\$42.42
Edwin I Ozua	285.90 Anemia Unsp		\$10.60	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$10.60		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$10.60		9/15/2006	
Edwin I Ozua	780.60 Fever		\$30.16	9/15/2006	\$120.64
Edwin I Ozua	285.90 Anemia Unsp		\$30.16	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$30.16		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$30.16		9/15/2006	
Edwin I Ozua	780.60 Fever		\$53.03	9/15/2006	\$212.12
Edwin I Ozua	285.90 Anemia Unsp		\$53.03	9/15/2006	
Edwin I Ozua	486.00 Pneumonia	\$53.03		9/15/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$53.03		9/15/2006	
Roger D Weiner	785.20 Undx Cardiac Murmur		\$37.46	9/18/2006	\$37.46
Roger D Weiner	785.20 Undx Cardiac Murmur		\$15.55	9/18/2006	\$15.55
Roger D Weiner	785.20 Undx Cardiac Murmur		\$3.10	9/18/2006	\$3.10
Aman U Munir	518.30 Pulmonary Eosinophilia	\$0.00	\$0.00	9/21/2006	\$0.00
Aman U Munir	485.00 Bronchopneumonia Unsp	\$0.00	\$0.00	9/21/2006	
Aman U Munir	518.30 Pulmonary Eosinophilia		\$12.95	9/21/2006	\$25.91
Aman U Munir	485.00 Bronchopneumonia Unsp	\$12.95		9/21/2006	
Aman U Munir	518.30 Pulmonary Eosinophilia	\$0.00	\$0.00	9/21/2006	\$0.00
Aman U Munir	485.00 Bronchopneumonia Unsp	\$0.00	\$0.00	9/21/2006	
Aman U Munir	518.30 Pulmonary Eosinophilia		\$58.43	9/21/2006	\$116.87
Aman U Munir	485.00 Bronchopneumonia Unsp	\$58.43		9/21/2006	
Aman U Munir	518.30 Pulmonary Eosinophilia		\$0.84	9/21/2006	\$1.69
Aman U Munir	485.00 Bronchopneumonia Unsp	\$0.84		9/21/2006	
Aman U Munir	518.30 Pulmonary Eosinophilia		\$21.21	9/21/2006	\$42.42
Aman U Munir	485.00 Bronchopneumonia Unsp	\$21.21		9/21/2006	
Aman U Munir	518.30 Pulmonary Eosinophilia		\$25.91	9/21/2006	\$51.82
Aman U Munir	485.00 Bronchopneumonia Unsp	\$25.91		9/21/2006	

Aman U Munir	518.30 Pulmonary Eosinophilia		\$21.21	9/21/2006	\$42.42
Aman U Munir	485.00 Bronchopneumonia Unsp	\$21.21		9/21/2006	
Maha Wasef	513.00 Abscess of Lung		\$15.77	9/22/2006	\$63.10
Maha Wasef	401.90 HTN Unsp		\$15.77	9/22/2006	
Maha Wasef	482.10 Pseudomonas Pneumonia	\$15.77		9/22/2006	
Maha Wasef	707.05 Chronic Ulcer of Skin-Butt	\$15.77		9/22/2006	
Susan D Malick	513.00 Abscess of Lung		\$15.77	9/22/2006	\$63.10
Susan D Malick	401.90 HTN Unsp		\$15.77	9/22/2006	
Susan D Malick	482.10 Pseudomonas Pneumonia	\$15.77		9/22/2006	
Susan D Malick	707.05 Chronic Ulcer of Skin-Butt	\$15.77		22-Sep	
Pat S Burke	401.90 HTN Unsp		\$3.45	9/22/2006	\$6.90
Pat S Burke	513.00 Abscess of Lung		\$3.45	22-Sep	
Edwin I Ozua	780.60 Fever		\$21.21	10/1/2006	\$84.85
Edwin I Ozua	285.90 Anemia Unsp		\$21.21	10/1/2006	
Edwin I Ozua	486.00 Pneumonia	\$21.21		10/1/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$21.21		10/1/2006	
Edwin I Ozua	780.60 Fever		\$19.43	10/1/2006	\$77.74
Edwin I Ozua	285.90 Anemia Unsp		\$19.43	10/1/2006	
Edwin I Ozua	486.00 Pneumonia	\$19.43		10/1/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$19.43		10/1/2006	
Edwin I Ozua	780.60 Fever		\$13.41	10/1/2006	\$53.64
Edwin I Ozua	285.90 Anemia Unsp		\$13.41	10/1/2006	
Edwin I Ozua	486.00 Pneumonia	\$13.41		10/1/2006	
Edwin I Ozua	593.90 Kidney/Ureter D/O Unsp	\$13.41		10/1/2006	
Aman U Munir	485.00 Bronchopneumonia Unsp	\$12.95		10/4/2006	\$25.91
Aman U Munir	486.00 Pneumonia	\$12.95		10/4/2006	
Med Express of Miss	438.00 Cognitive Deficits		\$33.74	10/6/2006	\$134.96
Med Express of Miss	V49.89 Spec Cond Infl Hlth Status		\$33.74	6-Oct	
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$33.74	10/6/2006	
Med Express of Miss	780.02 Transient Alt of Awareness		\$33.74	10/6/2006	
Med Express of Miss	438.00 Cognitive Deficits		\$34.84	10/6/2006	\$139.38
Med Express of Miss	V49.89 Spec Con Infl Hlth Status		\$34.84	10/6/2006	
Med Express of Miss	718.45 Contx Joint @ Pelvic/Thigh		\$34.84	10/6/2006	
Med Express of Miss	780.02 Transient Alt of Awareness		\$34.84	10/6/2006	
James E Warrington	414.00 Coronary Atherosclerosis		\$30.07	10/16/2006	\$60.14
James E Warrington	719.40 Pain in Joint Unsp		\$30.07	10/16/2006	
Tarence Wade	276.51 Dehydration	\$58.06		10/23/2006	\$116.12
Tarence Wade	599.00 UTI	\$58.06		10/23/2006	
Gus D Berryhill,Jr	V72.81 Pre-op Cardiovas Exam		\$2.30	10/23/2006	\$6.90
Gus D Berryhill,Jr	38.90 Septicemia Unsp		\$2.30	10/23/2006	
Gus D Berryhill,Jr	599.00 UTI	\$2.30		10/23/2006	
Andrea L Smith	276.51 Dehydration	\$59.85		10/24/2006	\$119.70
Andrea L Smith	599.00 UTI	\$59.85		10/24/2006	
Andrea L Smith	276.51 Dehydration	\$90.69		10/24/2006	\$181.38
Andrea L Smith	599.00 UTI	\$90.69		10/24/2006	
Andrea L Smith	276.51 Dehydration	\$38.87		10/24/2006	\$77.74
Andrea L Smith	599.00 UTI	\$38.87		10/24/2006	



Andrea L Smith	276.51 Dehydration	\$25.91		10/24/2006	\$51.82
Andrea L Smith	599.00 UTI	\$25.91		10/24/2006	
Andrea L Smith	276.51 Dehydration	\$142.51		10/24/2006	\$285.03
Andrea L Smith	599.00 UTI	\$142.51		10/24/2006	
Andrea L Smith	276.51 Dehydration	\$26.82		10/24/2006	\$53.64
Andrea L Smith	599.00 UTI	\$26.82		10/24/2006	
Andrea L Smith	276.51 Dehydration	\$1.78		10/24/2006	\$7.15
Andrea L Smith	38.90 Septicemia Unsp		\$1.78	10/24/2006	
Andrea L Smith	599.00 UTI	\$1.78		10/24/2006	
Andrea L Smith	707.07 Chronic Ulcer of Skin-Heel	\$1.78		10/24/2006	
Andrea L Smith	276.51 Dehydration	\$1.78		10/25/2006	\$7.15
Andrea L Smith	38.90 Septicemia Unsp		\$1.78	10/25/2006	
Andrea L Smith	26.90 Unsp Protein-Cal Malnutrit	\$1.78		10/25/2006	
Andrea L Smith	599.00 UTI	\$1.78		10/25/2006	
Andrea L Smith	414.00 Coronary Atherosclerosis		\$1.03	11/14/2006	\$3.10
Andrea L Smith	38.90 Septicemia Unsp		\$1.03	11/14/2006	
Andrea L Smith	599.00 UTI	\$1.03		11/14/2006	
Andrea L Smith	414.00 Coronary Atherosclerosis		\$5.18	11/14/2006	\$15.55
Andrea L Smith	38.90 Septicemia Unsp		\$5.18	11/14/2006	
Andrea L Smith	599.00 UTI	\$5.18		11/14/2006	
Andrea L Smith	414.00 Coronary Athersclerosis		\$12.48	11/14/2006	\$37.46
Andrea L Smith	38.90 Septicemia Unsp		\$12.48	11/14/2006	
Andrea L Smith	599.00 UTI	\$12.48		11/14/2006	
Med Express of Miss	718.45 Contx Joint of Pelvic/Thigh		\$33.74	11/17/2006	\$134.96
Med Express of Miss	V49.89 Specified Con Infl Hlth Stat		\$33.74	11/17/2006	
Med Express of Miss	438.21 Hemiplegia to Domin Side		\$33.74	11/17/2006	
Med Express of Miss	707.00 Chronic Ulcer to Skin Unsp	\$33.74		11/17/2006	
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$3.66	11/17/2006	\$14.67
Med Express of Miss	V49.89 Spec Con Infl Hlth Status		\$3.66	11/17/2006	
Med Express of Miss	438.21 Hemiplegia to Domin Side		\$3.66	11/17/2006	
Med Express of Miss	707.00 Chronic Ulcer to Skin Unsp	\$3.66		11/17/2006	
Lab Corp of America	707.90 Chronic Ulcer Unsp	\$12.03		1/22/2007	\$12.03
Lab Corp of America	707.90 Chronic Ulcer Unsp	\$28.89		1/22/2007	\$28.89
Lab Corp of America	707.90 Chronic Ulcer Unsp	\$9.77		1/22/2007	\$9.77

Med Express of Miss	536.40 Gastrostomy Comp Unsp		\$73.72	4/27/2007	\$221.16
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$73.72	4/27/2007	
Med Express of Miss	780.09 Alt of Consciousness		\$73.72	4/27/2007	
Med Express of Miss	536.40 Gastrostomy Comp Unsp		\$5.00	4/27/2007	\$15.01
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$5.00	4/27/2007	
Med Express of Miss	780.09 Alt of Consciousness		\$5.00	4/27/2007	
Med Express of Miss	438.00 Cognitive Deficits		\$34.55	4/27/2007	\$138.22
Med Express of Miss	438.21 Hemiplegia to Domin Side		\$34.55	4/27/2007	
Med Express of Miss	718.43 Contx of Forearm Joint		\$34.55	4/27/2007	
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$34.55	4/27/2007	
Med Express of Miss	438.00 Cognitive Deficits		\$1.87	4/27/2007	\$7.50
Med Express of Miss	438.21 Hemiplegia to Domin Side		\$1.87	4/27/2007	
Med Express of Miss	718.43 Contx of Forearm Joint		\$1.87	4/27/2007	
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$1.87	4/27/2007	
Professional Clin Lab	272.40 Hyperlipidemia Unsp		\$2.97	10/22/2007	\$11.89
Professional Clin Lab	401.90 HTN Unsp		\$2.97	10/22/2007	
Professional Clin Lab	707.90 Chronic Ulcer Unsp	\$2.97		10/22/2007	
Professional Clin Lab	780.99 Other General Sxs		\$2.97	10/22/2007	
Professional Clin Lab	401.90 HTN Unsp		\$3.58	10/22/2007	\$14.32
Professional Clin Lab	272.40 Hyperlipidemia		\$3.58	10/22/2007	
Professional Clin Lab	707.90 Chronic Ulcer Unsp	\$3.58		10/22/2007	
Professional Clin Lab	780.99 Other General Sxs		\$3.58	10/22/2007	
Professional Clin Lab	780.99 Other General Sxs		\$2.71	10/22/2007	\$10.86
Professional Clin Lab	272.40 Hyperlipidemia Un: Unsp		\$2.71	10/22/2007	
Professional Clin Lab	401.90 HTN Unsp		\$2.71	10/22/2007	
Professional Clin Lab	707.90 Chronic Ulcer Unsp	\$2.71		10/22/2007	
Professional Clin Lab	780.99 Other General Sxs		\$5.68	10/22/2007	\$22.73
Professional Clin Lab	272.40 Hyperlipidemia Unsp		\$5.68	10/22/2007	
Professional Clin Lab	401.90 HTN Unsp		\$5.68	10/22/2007	
Professional Clin Lab	707.90 Chronic Ulcer Unsp	\$5.68		10/22/2007	
Professional Clin Lab	780.99 Other General Sxs		\$0.75	10/22/2007	\$3.00
Professional Clin Lab	272.40 Hyperlipidemia Unsp		\$0.75	10/22/2007	
Professional Clin Lab	401.90 HTN Unsp		\$0.75	10/22/2007	
Professional Clin Lab	707.90 Chronic Ulcer Unsp	\$0.75		10/22/2007	
Professional Clin Lab	780.99 Other General Sxs		\$9.16	10/22/2007	\$36.66
Professional Clin Lab	272.40 Hyperlipidemia Unsp		\$9.16	10/22/2007	
Professional Clin Lab	401.90 HTN Unsp		\$9.16	10/22/2007	
Professional Clin Lab	707.90 Chronic Ulcer Unsp	\$9.16		10/22/2007	



Jason R Williams	276.51 Dehydration	\$1.65		12/11/2007	\$6.60
Jason R Williams	294.80 Mental D/O Nos		\$1.65	12/11/2007	
Jason R Williams	530.81 Esophageal Reflux		\$1.65	12/11/2007	
Jason R Williams	707.06 Chron Ulc to Skin-Ankle	\$1.65		12/11/2007	
Jason R Williams	294.80 Mental D/O Nos		\$7.69	12/11/2007	\$30.79
Jason R Williams	276.51 Dehydration	\$7.69		12/11/2007	
Jason R Williams	530.81 Esophageal Reflux		\$7.69	12/11/2007	
Jason R Williams	707.06 Chron Ulc to Skin-Ankle	\$7.69		12/11/2007	
Andrea L Smith	276.51 Dehydration	\$66.33		12/11/2007	\$132.66
Andrea L Smith	780.60 Fever		\$66.33	12/11/2007	
Andrea L Smith	276.51 Dehydration	\$121.76		12/11/2007	\$243.52
Andrea L Smith	780.60 Fever		\$121.76	12/11/2007	
Andrea L Smith	276.51 Dehydration	\$13.56		12/11/2007	\$27.13
Andrea L Smith	780.60 Fever		\$13.56	12/11/2007	
Andrea L Smith	276.51 Dehydration	\$24.73		12/11/2007	\$49.46
Andrea L Smith	780.60 Fever		\$24.73	12/11/2007	
James W Major,Jr	707.13 Ulcer of Ankle	\$82.58		12/17/2007	\$82.58
Med Express of Miss	707.03 Chr Ulc Skin-Low Back	\$34.55		12/18/2007	\$138.22
Med Express of Miss	290.30 Senile Demen w/Delirium		\$34.55	12/18/2007	
Med Express of Miss	335.21 Progress Musc Atrophy		\$34.55	12/18/2007	
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$34.55	12/18/2007	
Med Express of Miss	707.03 Chr Ulc Skin-Low Back	\$5.62		12/18/2007	\$22.51
Med Express of Miss	290.30 Senile Demen w/Delirium		\$5.62	12/18/2007	
Med Express of Miss	335.21 Progress Mus Atrophy		\$5.62	12/18/2007	
Med Express of Miss	718.45 Contx Joint@Pelvic/Thigh		\$5.62	12/18/2007	
Pafford Med Service	780.79 Other Malaise/Fatigue		\$135.49	3/2/2008	\$270.99
Pafford Med Service	780.60 Fever		\$135.49	3/2/2008	
Pafford Med Service	780.79 Other Malaise/Fatigue		\$23.11	3/2/2008	\$46.22
Pafford Med Service	780.60 Fever		\$23.11	3/2/2008	
Kenneth W Kellough	276.51 Dehydration	\$45.26		3/2/2008	\$45.26
Jason R Williams	276.51 Dehydration	\$1.66		3/2/2008	\$6.66
Jason R Williams	530.81 Esophageal Reflux		\$1.66	3/2/2008	
Jason R Williams	707.09 Chronic Ulcer Unsp	\$1.66		3/2/2008	
Jason R Williams	780.60 Fever		\$1.66	3/2/2008	
Jason R Williams	276.51 Dehydration	\$2.46		3/3/2008	\$9.86

Jason R Williams	530.81 Esophageal Reflux		\$2.46	3/3/2008	
Jason R Williams	707.09 Chronic Ulcer Unsp	\$2.46		3/3/2008	
Jason R Williams	780.60 Fever		\$2.46	3/3/2008	
Jason R Williams	276.51 Dehydration	\$3.33		3/3/2008	\$6.66
Jason R Williams	786.05 SOB		\$3.33	3/3/2008	
Andrea L Smith	276.51 Dehydration	\$26.31		3/3/2008	\$131.58
Andrea L Smith	V12.59 Per Hx Sudden Car Arrest		\$26.31	3/3/2008	
Andrea L Smith	174.90 Mali Neop of Breast		\$26.31	3/3/2008	
Andrea L Smith	401.90 HTN Unsp		\$26.31	3/3/2008	
Andrea L Smith	599.00 UTI	\$26.31		3/3/2008	
Andrea L Smith	276.51 Dehydration	\$5.41		3/3/2008	\$27.05
Andrea L Smith	V12.59 Per Hx Sudden Car Arrest		\$5.41	3/3/2008	
Andrea L Smith	174.90 Mali Neop of Breast		\$5.41	3/3/2008	
Andrea L Smith	401.90 HTN Unsp		\$5.41	3/3/2008	
Andrea L Smith	599.00 UTI	\$5.41		3/3/2008	
Andrea L Smith	276.51 Dehydration	\$5.41		3/3/2008	\$27.05
Andrea L Smith	V12.59 Per Hx Sudden Car Arrest		\$5.41	3/3/2008	
Andrea L Smith	174.90 Mali Neop of Breast		\$5.41	3/3/2008	
Andrea L Smith	401.90 HTN Unsp		\$5.41	3/3/2008	
Andrea L Smith	599.00 UTI	\$5.41		3/3/2008	
Andrea L Smith	276.51 Dehydration	\$5.41		3/3/2008	\$27.05
Andrea L Smith	V12.59 Per Hx Sudden Car Arrest		\$5.41	3/3/2008	
Andrea L Smith	174.90 Mali Neop of Breast		\$5.41	3/3/2008	
Andrea L Smith	401.90 HTN Unsp		\$5.41	3/3/2008	
Andrea L Smith	599.00 UTI	\$5.41		3/3/2008	
Andrea L Smith	276.51 Dehydration	\$14.11		3/3/2008	\$70.57
Andrea L Smith	V12.59 Per Hx Sudden Car Arrest		\$14.11	3/3/2008	
Andrea L Smith	174.90 Mali Neop of Breast		\$14.11	3/3/2008	
Andrea L Smith	401.90 HTN Unsp		\$14.11	3/3/2008	
Andrea L Smith	599.00 UTI	\$14.11		3/3/2008	
Jason R Williams	530.81 Esophageal Reflux		\$2.46	3/6/2008	\$9.86
Jason R Williams	276.51 Dehydration	\$2.46		3/6/2008	
Jason R Williams	780.60 Fever		\$2.46	3/6/2008	
Jason R Williams	780.97 Altered Mental Status		\$2.46	3/6/2008	
Jason R Williams	780.97 Altered Mental Status		\$7.81	3/6/2008	\$31.26
Jason R Williams	276.51 Dehydration	\$7.81		3/6/2008	
Jason R Williams	530.81 Esophageal Reflux		\$7.81	3/6/2008	
Jason R Williams	780.60 Fever		\$7.81	3/6/2008	
Pafford Med Service	707.09 Chronic Ulcer Unsp	\$142.63		3/7/2008	\$142.63



Pafford Med Service	707.09 Chronic Ulcer Unsp	\$142.63		3/7/2008	\$46.22
Pafford Med Service	780.09 Alterat of Consciousness		\$90.33	3/26/2008	\$270.99
Pafford Med Service	780.79 Other Malaise/Fatigue		\$90.33	3/26/2008	
Pafford Med Service	780.80 Generalized Hyperhidrosis		\$90.33	3/26/2008	
Pafford Med Service	780.09 Alterat of Consciousness		\$5.13	3/26/2008	\$15.41
Pafford Med Service	780.79 Other Malaise/Fatigue		\$5.13	3/26/2008	
Pafford Med Service	780.80 Generalized Hyperhidrosis		\$5.13	3/26/2008	
Jason R Williams	276.51 Dehydration	\$1.66		3/26/2008	\$6.66
Jason R Williams	294.80 Mental D/O Nos		\$1.66	3/26/2008	
Jason R Williams	345.90 Epilepsy Unsp		\$1.66	3/26/2008	
Jason R Williams	427.00 Paroxysmal SVT		\$1.66	3/26/2008	
Jason R Williams	294.80 Mental D/O Nos		\$7.81	3/26/2008	\$31.26
Jason R Williams	276.51 Dehydration	\$7.81		3/26/2008	
Jason R Williams	345.90 Epilepsy Unsp		\$7.81	3/26/2008	
Jason R Williams	427.00 Paroxysmal SVT		\$7.81	3/26/2008	
Andrea L Smith	276.51 Dehydration	\$26.31		3/26/2008	\$131.58
Andrea L Smith	V10.3 Mali Neop to Breast Per Hx		\$26.31	3/26/2008	
Andrea L Smith	272.40 Hyperlipidemia Unsp		\$26.31	3/26/2008	
Andrea L Smith	401.90 HTN Unsp		\$26.31	3/26/2008	
Andrea L Smith	599.00 UTI	\$26.31		3/26/2008	
Andrea L Smith	276.51 Dehydration	\$5.41		3/27/2008	\$27.05
Andrea L Smith	V10.3 Mali Neop to Breast Per Hx		\$5.41	3/27/2008	
Andrea L Smith	272.40 Hyperlipidemia Unsp		\$5.41	3/27/2008	
Andrea L Smith	401.90 HTN Unsp		\$5.41	3/27/2008	
Andrea L Smith	599.00 UTI	\$5.41		3/27/2008	
Andrea L Smith	276.51 Dehydration	\$5.41		3/27/2008	\$27.05
Andrea L Smith	V10.3 Mali Neop to Breast Per Hx		\$5.41	3/27/2008	
Andrea L Smith	272.40 Hyperlipidemia Unsp		\$5.41	3/27/2008	
Andrea L Smith	401.90 HTN Unsp		\$5.41	3/27/2008	
Andrea L Smith	599.00 UTI	\$5.41		3/27/2008	
Andrea L Smith	276.51 Dehydration	\$5.41		3/27/2008	\$27.05
Andrea L Smith	V10.3 Mali Neop to Breast Per Hx		\$5.41	3/27/2008	
Andrea L Smith	272.40 Hyperlipidemia Unsp		\$5.41	3/27/2008	
Andrea L Smith	401.90 HTN Unsp		\$5.41	3/27/2008	
Andrea L Smith	599.00 UTI	\$5.41		3/27/2008	
Andrea L Smith	276.51 Dehydration	\$14.11		3/27/2008	\$70.57
Andrea L Smith	V10.3 Mali Neop to Breast Per Hx		\$14.11	3/27/2008	
Andrea L Smith	272.40 Hyperlipidemia Unsp		\$14.11	3/27/2008	

Andrea L Smith	401.90 HTN Unsp		\$14.11	3/27/2008	
Andrea L Smith	599.00 UTI	\$14.11		3/27/2008	
Pafford Med Service	707.05 Chron Ulc of Skin-Buttock	\$47.54		3/31/2008	\$142.63
Pafford Med Service	294.80 Mental D/O Nos		\$47.54	3/31/2008	
Pafford Med Service	707.09 Chronic Ulcer of Skin-Unsp	\$47.54		3/31/2008	
Pafford Med Service	707.05 Chron Ulc to Skin-Buttock	\$5.13		3/31/2008	\$15.41
Pafford Med Service	294.80 Mental D/O Nos		\$5.13	3/31/2008	
Pafford Med Service	707.09 Chronic Ulcer to Skin-Unsp	\$5.13		3/31/2008	
Professional Clin Lab	730.39 Periostitis Invol Multi Sites		\$18.52	9/25/2008	\$18.52
Professional Clin Lab	730.39 Periostitis Invol Multi Sites		\$3.00	9/25/2008	\$3.00
Professional Clin Lab	730.39 Periostitis Invol Multi Sites		\$17.28	9/25/2008	\$17.28
Jason R Williams	466.00 Acute Bronchitis		\$1.66	12/16/2008	\$6.66
Jason R Williams	294.80 Mental D/O Nos		\$1.66	12/16/2008	
Jason R Williams	345.90 Epilepsy Unsp		\$1.66	12/16/2008	
Jason R Williams	401.90 HTN Unsp		\$1.66	12/16/2008	
Pat S Burke	466.00 Acute Bronchitis		\$2.11	12/17/2008	\$6.35
Pat S Burke	401.90 HTN Unsp		\$2.11	12/17/2008	
Pat S Burke	429.20 Cardiovascular Dz Unsp		\$2.11	12/17/2008	
Jason R Williams	401.90 HTN Unsp		\$1.72	11/26/2009	\$6.90
Jason R Williams	276.51 Dehydration	\$1.72		11/26/2009	
Jason R Williams	345.90 Epilepsy Unsp		\$1.72	11/26/2009	
Jason R Williams	729.81 Swelling of Limb		\$1.72	11/26/2009	
Pafford Med Service	729.81 Swelling of Limb		\$147.34	11/26/2009	\$294.68
Pafford Med Service	729.50 Pain in Limb		\$147.34	11/26/2009	
Pafford Med Service	729.81 Swelling of Limb		\$8.33	11/26/2009	\$16.66
Pafford Med Service	729.50 Pain in Limb		\$8.33	11/26/2009	
Tommy Hughes	276.51 Dehydration	\$132.01		11/26/2009	\$132.01
Andrea L Smith	729.81 Swelling In Limb		\$22.39	11/26/2009	\$111.96
Andrea L Smith	276.51 Dehydration	\$22.39		11/26/2009	
Andrea L Smith	345.90 Epilepsy Unsp		\$22.39	11/26/2009	
Andrea L Smith	401.90 HTN Unsp		\$22.39	11/26/2009	
Andrea L Smith	785.00 Tachycardia Unsp		\$22.39	11/26/2009	
Andrea L Smith	729.81 Swelling in Limb		\$10.18	11/26/2009	\$50.90
Andrea L Smith	276.51 Dehydration	\$10.18		11/26/2009	
Andrea L Smith	345.90 Epilepsy Unsp		\$10.18	11/26/2009	
Andrea L Smith	785.00 Tachycardia Unsp		\$10.18	11/26/2009	



Pafford Med Service	707.06 Chronic Ulc of Skin-Ankle	\$77.55		11/27/2009	\$155.10
Pafford Med Service	780.09 Alt of Consciousness		\$77.55	11/27/2009	
Pafford Med Service	707.06 Chronic Ulc of Skin-Ankle	\$8.33		11/27/2009	\$16.66
Pafford Med Service	780.09 Alt of Consciousness		\$8.33	11/27/2009	
Jaiyeola O Adeleye	707.06 Chronic Ulc of Skin-Ankle	\$28.04		3/11/2010	\$28.04
Kenneth W Kellough	276.51 Dehydration	\$42.69		4/13/2010	\$128.08
Kenneth W Kellough	507.00 Pneu D/T Inh Food/Vomitus		\$42.69	4/13/2010	
Kenneth W Kellough	780.60 Fever		\$42.69	4/13/2010	
Andrea L Smith	787.01 Nausea and Vomiting		\$28.22	4/14/2010	\$141.11
Andrea L Smith	209.00 Senile Dementia Uncompli		\$28.22	4/14/2010	
Andrea L Smith	401.90 HTN Unsp		\$28.22	4/14/2010	
Andrea L Smith	486.00 Pneumonia	\$28.22		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$28.22	4/14/2010	
Andrea L Smith	787.01 Nauseau and Vomiting		\$5.67	4/14/2010	\$28.38
Andrea L Smith	290 Senile Dementia Uncompli		\$5.67	4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$5.67	4/14/2010	
Andrea L Smith	486 Pneumonia	\$5.67		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$5.67	4/14/2010	
Andrea L Smith	787.01 Nausea and Vomiting		\$5.67	4/14/2010	\$28.38
Andrea L Smith	290 Senile Dementia Uncompli		\$5.67	4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$5.67	4/14/2010	
Andrea L Smith	486 Pneumonia	\$5.67		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$5.67	4/14/2010	
Andrea L Smith	787.01 Nausea and Vomiting		\$5.67	4/14/2010	\$28.38
Andrea L Smith	290 Senile Dementia Uncompli		\$5.67	4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$5.67	4/14/2010	
Andrea L Smith	486 Pneumonia	\$5.67		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$5.67	4/14/2010	
Andrea L Smith	787.01 Nausea and Vomiting		\$5.67	4/14/2010	\$28.38
Andrea L Smith	290 Senile Dementia Uncompli		\$5.67	4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$5.67	4/14/2010	
Andrea L Smith	486 Pneumonia	\$5.67		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$5.67	4/14/2010	
Andrea L Smith	787.01 Nausea and Vomiting		\$5.67	4/14/2010	\$28.38
Andrea L Smith	290 Senile Dementia Uncompli		\$5.67	4/14/2010	
Andrea L Smith	486 Pneumonia	\$5.67		4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$5.67	4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$5.67	4/14/2010	

Andrea L Smith	787.01 Nausea and Vomiting		\$5.67	4/14/2010	\$28.38
Andrea L Smith	290 Senile Dementia Uncompli		\$5.67	4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$5.67	4/14/2010	
Andrea L Smith	486 Pneumonia	\$5.67		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$5.67	4/14/2010	
Andrea L Smith	787.01 Nausea and Vomiting		\$10.02	4/14/2010	\$50.14
Andrea L Smith	290 Senile Dementia Uncompli		\$10.02	4/14/2010	
Andrea L Smith	401.9 HTN Unsp		\$10.02	4/14/2010	
Andrea L Smith	486 Pneumonia	\$10.02		4/14/2010	
Andrea L Smith	530.81 Esophageal Reflux		\$10.02	4/14/2010	
Pafford Med Service	294.8 Mental D/O Nos		\$50.19	4/21/2010	\$150.58
Pafford Med Service	V49.84 Bed Confinement		\$50.19	4/21/2010	
Pafford Med Service	707.09 Chronic Ulcer to Skin-Unsp	\$50.19		4/21/2010	
Pafford Med Service	294.8 Mental D/O Nos		\$5.39	4/21/2010	\$16.18
Pafford Med Service	V49.84 Bed Confinement		\$5.39	4/21/2010	
Pafford Med Service	707.09 Chronic Ulcer to Skin-Unsp	\$5.39		4/21/2010	
<b><u>TOTALS</u></b>		<b>\$7,164.43</b>	<b>\$31,771.54</b>		<b>\$38,850.99</b>

## **Final Settlement Detail Document**

Beneficiary Name:

Medicare Number:

Date of Incident:

When a beneficiary receives a settlement, judgment, award, or other payment, Medicare is entitled to recover associated payments made by the Medicare program. If certain conditions are met, Medicare reduces its conditional payment to take into account a proportionate share of the costs incurred in resolving the beneficiary's claim. **See 42 C.F.R. 411.37.** In general, the recovery demand must be against the individual or entity that received payment, the costs must have been incurred because the matter was disputed, and the costs must be paid by the individual or entity against whom/which Medicare seeks recovery. There is no proportionate reduction if payment is not in dispute – for example a payment for no-fault insurance.

In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter. If you have a representative, this information should be submitted by your representative on his/her letterhead.

**Total Amount of the Settlement:**

**Total Amount of Med-Pay or PIP:**

**Attorney Fee Amount Paid by the Beneficiary:**

**Additional Procurement Expenses Paid by the Beneficiary:**

(Please submit an itemized listing of these expenses)

**Date the Case Was Settled:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

This information should be submitted **along with a copy of this notice** to:

Benefits Coordination & Recovery Center  
NGHP  
Post Office Box 138832  
Oklahoma City, OK 73113

If you have any questions concerning this matter, please call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired) or you may contact us in writing at the address above. If you contact us in writing, please be sure to include the beneficiary's name and his/her Medicare health insurance claim number.





## Procurement Cost Worksheet

Medicare # xxx-xx-xxxxA

Lucy May - April 3, 2014

Per MSPRC Conditional Payment Letter & Payment Summary Forms

Line 1      *Amount of Settlement*      \$135,000.00

Line 2      *Medicare Payments*      \$ 7,164.43

Line 3      *Attorney's Fees (40%)*      \$ 54,000.00

Line 4      *Expenses*      \$ 13,726.96

Line 5      *Line 3 plus Line 4*      \$ 67,726.96

Line 6      *Line 5 divided by 1*      50%

Line 7      *Line 2 x Line 6*      \$ 3,582.21

Line 8      *Line 2 minus Line 7*      \$ 3,582.22

Medicare Reduction of Lien -      \$ 3,582.22

**TOTAL Medicare REDUCED Lien:**      **\$ 3,582.22**



HOLLOWELL LAW FIRM  
ATTORNEY AT LAW  
3655 HIGHWAY 82 EAST  
GREENVILLE, MS 38703  
662-378-3103 TELEPHONE  
662-378-3420 FACSIMILE

GEORGE F. HOLLOWELL, JR.

MAILING ADDRESS:  
POST OFFICE DRAWER 1407  
GREENVILLE, MS 38702-1407  
gfh@hollowelllawfirm.com

April 3, 2014

Medicare Secondary Payer Recovery Contractor  
P. O. Box 138832  
Oklahoma City, OK 73113

**RE:** Lucy May  
**Medicare #:** xxx-xx-xxxxA  
**Date(s) of Injury:** 09-14-06 to 11-17-06

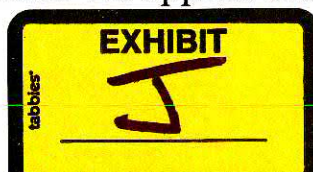
To Whom It May Concern:

Please find enclosed a copy of the letter will mailed to you on February 15, 2011 requesting to Amend the Dates of Injury to September 14, 2006 through November 17, 2006. The basis for the amendment of the Date of Injuries is the opinion of Plaintiff's Expert, Dr. Keith Miller which is enclosed.

In regards to the "Conditional Payment Letter" our office received concerning Ms. Lucy May on May 10, 2011 and on August 25, 2010, we do not agree with those portions of the claims which are not related as listed on the "Payment Summary Form(s)" that were attached to the "Conditional Payment Letter" aforementioned. I have enclosed all these documents again also.

Those portions which we do not agree with are in our "Related/Unrelated" worksheet which is enclosed. The "Related/Unrelated" worksheet is a line by line list of claims from the "Payment Summary Form(s)", which we separated. We then causally related Ms. May's injuries from September 14, 2006, through November 17, 2006 to the injury date(s) we reported initially when we contacted COBC and reported the injury date(s), injuries, and the ICD-9 Codes that were applicable.

The Total Conditional Payment listed on the final page of the "Payment Summary Form" is \$38,850.99. We applied the "Related/Unrelated" worksheet



to our amended dates of September 14, 2006 to November 17, 2006. We causally relate \$7,164.43 to the injuries we reported. We reduced this amount by the procurement costs. Therefore, the total amount due Medicare, prior to reducing for procurement cost(s), is \$7,164.43.

However, the Procurement Cost is \$ 3,582.21 which should be reduced from the \$7,164.43, leaving a balance owed Medicare of \$ 3,582.22.

Please respond so we may resolve the amount due.

Very Truly Yours,

George F. Hollowell, Jr.

Enclosures: Letter to MSPRC dated 2/15/11  
Dr. Keith Miller's Opinion  
"Related/Unrelated" Worksheet  
CPL from MSPRC dated 8/25/11 and 5/10/2011  
Payment Summary Form(s)  
Consent To Release  
Letters of Administration  
Authorization To Release



April 26, 2014

2027 1 SP 0.500

HOLLOWELL LAW FIRM  
3601 HIGHWAY 82 EAST  
GREENVILLE, MS 38702

|||||

Beneficiary Name:

Medicare Number:

Entitlement Date: June 01, 1990

Date of Incident: January 01, 2006

Case Identification Number:

DCN:

Dear HOLLOWELL LAW FIRM:

This letter is in reference to a request received from HOLLOWELL LAW FIRM dated April 03, 2014 to remove claims from Medicare's demand letter dated March 31, 2014, that are not related to your case. After reviewing the claims in question, we Partially Agree with your dispute.

Therefore, in accordance with this decision, the un-related claims have been removed from the demand amount. The amount due through April 22, 2014 is \$11,939.65. The principal amount is \$11,939.65 and the interest amount is \$0.00. If this debt remains outstanding after June 08, 2014, the amount due, including interest, will be \$11,939.65. Please be advised that interest will continue accruing every 30 days thereafter until the balance is paid.

Please make your check payable to Medicare in the amount of \$11,939.65 and send to the address below. When sending any correspondence please provide the Beneficiary Name and Medicare Health Insurance Claim Number (the number on the Medicare card). This will allow us to associate the correspondence to the appropriate records.

If you have any questions concerning this matter, please call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired) or you may contact us in writing at the address below.



Sincerely,

BCRC Case Analyst

CC:

OKC

Enclosure: Payment Summary Form